

# HANDS-ON SCIENCE CAMP ENROLLMENT FORM

Please provide a separate form for each participant.

NEW! Sign up online at: [www.californiasciencecenter.org/camp](http://www.californiasciencecenter.org/camp)

First Name Last Name Date of Birth Age ☐ M ☐ F

Grade Going Into School Name

Parent/Guardian First Name Last Name Email Relationship

Cell Phone Work Phone Home Phone

Address City State Zip Code

Parent/Guardian First Name Last Name Email Relationship

Cell Phone Work Phone Home Phone

Course Name Course Date Time \$ Fee

Course Name Course Date Time \$ Fee

Course Name Course Date Time \$ Fee

Course Name Course Date Time \$ Fee

**Extended Day Care** (\$75 Members / \$85 Non-Members per week): \$ Fee  
Please refer to page 13 for more information. Week(s)

**Optional: For discounted rate registration, become a Member** (\$65 Explorer, \$150 Discoverer, \$350 Adventurer, \$550 Pioneer) \$ Fee  
Your membership must be current at the time of the class date.  
If purchasing or renewing a membership, please attach a separate check (if paying by check) for membership payment.

**Current or renewing members, please indicate Member ID #:** Expiration Date  
New members do not need to provide this information.

**PAYMENT MUST ACCOMPANY FORM. TOTAL FEE: \$**

**Camper is under physician care for these conditions:**

**Please list all allergies (including food):**

**Please list all medications the camper is taking:**

**In case of emergency the following two people (other than yourself) are authorized to pick up my child:**

Name Phone # Relationship

Name Phone # Relationship

**Payments by credit card must be attached with payment authorization form. See previous page.**

☐ **I have enclosed a check(s) payable to the California Science Center Foundation.**  
Please do not send duplicate enrollment forms. There is a \$25 service charge for all returned checks.

I have read and understand the cancellation and enrollment policies as stated. I hereby waive all claims against the California Science Center Foundation, the California Science Center and their employees or volunteer workers for injury, accident or illness occurring by reason of participation in Hands-On Science Camp. The California Science Center Foundation may photograph my child during programs and I hereby consent to the use of these photographs in Science Center promotional material. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable.

**Parent/Guardian Signature:** Date  
Enrollment will not be processed without signature.



**Mail to:** California Science Center, Hands-On Science Camp  
700 Exposition Park Drive, Los Angeles, CA 90037

**Or fax to:** (213) 744-2052  
Enrollment hours: Mon-Fri 9am-5pm. Closed weekends.

PARTICIPANT INFO

COURSE SELECTION

HEALTH HISTORY

PAYMENT INFO

PARTICIPANT AUTHORIZATION

# EDUCATION PROGRAMS (cont.)



## EDUCATOR PROFESSIONAL LEARNING WORKSHOPS

Infuse your practice with innovative ideas and strategies to engage students in science learning! Explore activities and materials designed to inspire student-driven inquiry and critical thinking.

Grade-level sessions are correlated to Common Core and Next Generation Science Standards and offer connections to deepen student understanding. Participants receive materials that will expand their own science knowledge as well as teaching expertise.

Workshops are available for Transitional Kinder (TK)- Fifth grade teachers, parents, and community educators. Check our website for a full listing of programs.

For more information call (213) 744-7444 or email [gbazela@cscmail.org](mailto:gbazela@cscmail.org) or visit: [www.californiasciencecenter.org/pd](http://www.californiasciencecenter.org/pd)



## CREDIT CARD PAYMENT AUTHORIZATION FORM

**INSTRUCTIONS:** (1) Form must be faxed or mailed along with program enrollment form when paying via credit card. (2) Fax completed form to: (213) 744-2052.

Please charge my (check one): ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_  
First Last

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Email \_\_\_\_\_ \$ \_\_\_\_\_  
Total Amount

I authorize the California Science Center Foundation to charge my credit card (as provided above) for payment of their products and/or services. If the California Science Center Foundation is unable to process my payment I will be responsible for an alternate payment arrangement and my enrollment will not be processed until a new payment authorization is received.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_ Cardholder Phone # \_\_\_\_\_

All credit card information is kept secure and confidential. Once credit cards are processed credit card authorization forms. For more information about Hands-On Science Camp or to sign up online, visit [www.californiasciencecenter.org/camp](http://www.californiasciencecenter.org/camp). For more information, call: (213) 744-7444.

**DID YOU REMEMBER TO:** (1) Review all the information on page 2. (2) Complete and sign the enrollment form. (3) Complete the Credit Card Authorization Form for all credit card payments; (4) If purchasing or renewing a Membership, submit a SEPARATE check (if paying by check) for payment. Membership must be current at the time of class date. (5) Mail form to: California Science Center, Hands-On Science Camp, 700 Exposition Park Drive, Los Angeles, CA 90037 OR fax form to: (213) 744-2052. If faxing your enrollment, please call (213) 744-7444 to confirm that we have received it.

**NEW! ONLINE ENROLLMENT!** To enroll online or check program availability, please visit [www.californiasciencecenter.org/camp](http://www.californiasciencecenter.org/camp). For more information call (213) 744-7444.